POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.L.	10	6/5/00
O.I.P.E. CLASSIFIER			6/9
FORMALITY REVIEW	T.A	JC 844	07-21-00
RESPONSE FORMALITY REVIEW	LH	CO105	9-26-00

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim				Date									Claim	Date							Claim	Date					
Final	Original	3/30/01	5/31/02	12/23/02	4/5/03	12/4/03							Final	Original							Final	Original					
1												51							101					
2		÷		✓	✓							52							102					
3												53							103					
4		÷		✓								54							104					
5												55							105					
6		÷		✓								56							106					
7												57							107					
8												58							108					
9		÷		✓	✓							59							109					
10												60							110					
11												61							111					
12												62							112					
13		✓										63							113					
14		÷	N									64							114					
15		÷	N	✓								65							115					
16			N	✓								66							116					
17		✓	✓									67							117					
18		✓	✓									68							118					
19		÷	✓	✓								69							119					
20												70							120					
21		÷	✓	✓								71							121					
22												72							122					
23		✓	✓	✓								73							123					
24												74							124					
25			N									75							125					
26		÷	N									76							126					
27												77							127					
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49												99							149					
50												100							150					

If more than 150 claims or 10 actions
staple additional sheet here

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